

FILED
U.S. DISTRICT COURT
DISTRICT OF MARYLAND

2018 DEC -7 PM 3:04

CLERK'S OFFICE
AT BALTIMORE

BY _____ DEPUTY

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

Stanley Abler
Po box 1268
Pasadena MD. 21123

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

City of Baltimore: 100 N Holliday St. Baltimore MD. 21202

Baltimore City Fire Department: 401 E Fayette St. Baltimore MD. 21202

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. **GLR 18 CV 3668**

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Stanley C. Abler	
Street Address	PO Box 1268	
City and County	Pasadena	A.A. County
State and Zip Code	MD. 21123	
Telephone Number	410-591-2958	
E-mail Address		

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	City of baltimore
Job or Title (if known)	
Street Address	100 N Holiday St
City and County	Baltimore City
State and Zip Code	MD. 21202
Telephone Number	410-396-3100
E-mail Address (if known)	

Defendant No. 2

Name

Baltimore City Fire Department

Job or Title

(if known)

Street Address

401 E. Fayette St.

City and County

Baltimore City

State and Zip Code

MD. 21202

Telephone Number

410-396-5680

E-mail Address

(if known)

Defendant No. 3

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

Defendant No. 4

Name

Job or Title

(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

(if known)

(If there are more than four defendants, attach an additional page providing the same information for each additional defendant.)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Rehabilitation Act of 1973

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* _____, is a citizen of the State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) _____, is a citizen of the State of (name) _____. Or is a citizen of (foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) City of Baltimore and Baltimore City Fire Department, is incorporated under the laws of the State of (name) Maryland, and has its principal place of business in the State of (name) Maryland. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

Discharge of Employment without engaging in interactive process with me, concerning offering of other positions I was qualified to perform.
Loss of pay, benefits, and other monetary damages. Amount is more than 75,000.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Did not offer reasonable accommodations to me with my disability. Discriminating against me specifically due to my disability of job caused line of duty PTSD, and other symptoms relating to PTSD. Did not engage in interactive process with me concerning offering me positions I was qualified to perform despite my disabilities. Purposely ignored requests to return to previously held position, even though there were vacancies, and positions available. Being a qualified individual with a disability under the Rehabilitation Act of 1973 the City of Baltimore and the Baltimore City fire department failed to act as stated above, in addition did so knowing that my disability was job caused. Im a qualified individual with a disability under the Rehabilitation Act of 1973 who suffers from job caused line of duty PTSD: Which includes anxiety, flashbacks, depression, cognitive deficits, loss of concentration, and sleep disturbances among others.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. For any request for injunctive relief, explain why monetary damages at a later time would not adequately compensate you for the injuries you sustained, are sustaining, or will sustain as a result of the events described above, or why such compensation could not be measured.

Re-instatemnt, among other equitable, and declaritory relief.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12-7-, 2018.

Signature of Plaintiff

Printed Name of Plaintiff



Stanley Abler

(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

Telephone Number _____

Email Address _____